

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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PETER PALATINI,

Plaintiff,

-against-

THE CITY OF NEW YORK, and POLICE OFFICER  
FRANK CHIODI Tax Id. No. 924057 of the Narcotic  
Bureau Brooklyn North Police Precinct,

**PLAINTIFF'S RESPONSE TO  
THE DEFENDANT'S FIRST  
SET OF INTERROGATORIES  
AND REQUESTS FOR  
PRODUCTION OF  
DOCUMENTS**

Defendants.

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1. Plaintiff's response to interrogatory number One is: Albert Wright, residing at 2640 Pitkin Avenue, Brooklyn, NY 11208, whose telephone number is 718-827-8700. One other individual who was present and who was arrested was an unknown African American male.
2. Plaintiff's response to interrogatory number Two is: The only statements made by the defendants which are in the possession of the plaintiff have been provided to the defendants as Exhibit 2 of Plaintiff's Rule 26 disclosure.
3. Plaintiff's response to interrogatory number three: Plaintiff believes that the following documents have been generated by the defendants:
  - i. Accusatory instrument in the criminal matter.
  - ii. Supporting depositions filed in the criminal matter
  - iii. Omniform Arrest Report.
  - iv. Omniform Compliant Report.
  - v. Online Booking System Arrest Worksheet.
  - vi. Property Clerk Invoices.

- vii. Photographs of the plaintiff whether in Polaroid or digital formats.
- viii. Prisoner Pedigree Card.
- ix. Prisoner Movement Slip
- x. Complaint Report Worksheet.
- xi. Activity Log entries.
- xii. Supporting Depositions.
- xiii. Sprint Report.
- xiv. Medical Treatment of Prisoner Form.
- xv. Aided Report Worksheet (PD304-152b).
- xvi. Non-lethal restraining device/rescue equipment report (PD320-150).
- xvii. Taser/Stun device report (PD304-150).
- xviii. Unusual occurrence report (PD-370-152).
- xix. Pre-Arraignment Notification Form.
- xx. Overtime Reports (PD138-064).
- xxi. Prisoner Transport Dispatch (PD171-132).
- xxii. Memo Book entries.
- xxiii. Nacotics Tactical Plan.
- xxiv. Photographs of the plaintiff both at the precinct and at the Kings County Central Booking facility.
- xxv. All paperwork concerning Albert Wright, an individual who was arrested at the same time and place as the plaintiff.

4. Plaintiff's response to interrogatory number Four is: Plaintiff suffered a laceration to the face in the location of the eyebrow which cause considerable pain, suffering and mental anguish. Plaintiff was treated at Brookdale University Hospital for said injury.

5. Plaintiff's response to interrogatory number Five is: Plaintiff is not claiming any out of pocket economic damages as a result of this incident.

6. Plaintiff's response to interrogatory number Six is: Plaintiff has been unemployed and disabled in excess of ten years.

7. Plaintiff's response to interrogatory number Seven is:

- a. Plaintiff's primary care physician is Dr. Lawrence Hitzman whose office is located at 121A West 20<sup>th</sup> Street, New York, NY 10011, (212) 337-9290.
- b. Plaintiff has also been under the care of Dr. Jilan Shah whose office is located at 121A West 20<sup>th</sup> Street, New York, NY 10011, (212) 337-9290.
- c. Plaintiff has been under the care of Dr. Chaim Mandelbaum whose office is located at 10 Union Square East, Suite 4K, New York, NY 10003.

8. Plaintiff's response to interrogatory number Eight is: No.

9. Plaintiff's response to interrogatory number Nine is: Yes, the state of New York.

10. Plaintiff's response to interrogatory number Ten is: Yes, the state of New York.

11. Plaintiff's response to interrogatory number Eleven is: No.

12. Plaintiff's response to interrogatory number Twelve is: Plaintiff made his complaint to the New York City Comptroller's Office by filing a Notice of Claim.

13. Plaintiff's response to interrogatory number Thirteen is:

- a. July 28, 1970: Plaintiff's arrest record shows an arrest which was dismissed the following day; however, plaintiff has no recollection of the incident.
- b. May 29, 1972: Plaintiff recalls being stopped by the police while riding in the automobile of another individual, being taken to the precinct because the officers found a quantity of narcotics; however, plaintiff was released from the precinct and never charged or brought for arraignment.
- c. June 9, 1987: Plaintiff was arrested for Petit Larceny and public urination, the matter was resolved with a plea to Disorderly Conduct and a fine.

14. Plaintiff's response to interrogatory number Fourteen is: Plaintiff has never been convicted of any criminal offense.

15. Plaintiff's response to interrogatory number Fifteen is: Plaintiff sued his landlord approximately 10 years ago based on a slip and fall in Kings County Civil or Supreme Court. Plaintiff received a settlement of approximately \$3,000.00. Plaintiff does not have any paperwork from this lawsuit and does not recall the index number.

16. Plaintiff's response to interrogatory number Sixteen is: Plaintiff gave testimony regarding this incident July 12, 2007 at a 50-h hearing.

17. Plaintiff's response to interrogatory number Seventeen is: Plaintiff intends to call the treating Physician from Brookdale University Hospital who treated plaintiff in connection with this incident. Plaintiff will provide the name and contact information of said physician as soon as the hospital responds to plaintiff's request for records.

18. Plaintiff's response to interrogatory number Eighteen is: None.

19. Plaintiff's response to interrogatory number Nineteen is: Other than the pleadings and discovery documents generated by Michael Fineman, Esq., none.

20. Plaintiff's response to interrogatory number Twenty is: None.

#### **Response to Document Requests**

1. Plaintiff objects to this request that on the basis that such request, over broad and unduly burdensome, is not relevant to the subject matter of the litigation and is otherwise privileged pursuant to attorney-client privilege and attorney work product. Not notwithstanding plaintiff's objection, see Exhibit 1 and 2 annexed to the Plaintiff's Rule 26 disclosure.
2. Plaintiff objects to this request that on the basis that such request, over broad and unduly burdensome, is not relevant to the subject matter of the litigation and is otherwise privileged pursuant to attorney-client privilege and attorney work product. Not notwithstanding plaintiff's objection, see Exhibit 1 and 2 annexed to the Plaintiff's Rule 26 disclosure.
3. Plaintiff objects to request that he provide authorizations for medical records from prior physicians on the basis that such request, over broad and unduly burdensome, is designed to cause plaintiff embarrassment, is not relevant to the subject matter of the litigation and is otherwise privileged pursuant to doctor-patient privilege. Not notwithstanding plaintiff's objection, see Exhibit 1 annexed hereto.
4. Plaintiff objects to this request that on the basis that such request, over broad and unduly burdensome, is not relevant to the subject matter of the litigation and is otherwise privileged pursuant to attorney-client privilege and attorney work product. Not notwithstanding plaintiff's objection, see Exhibit 2 annexed hereto as well as the enclosed CD-Rom.
5. Plaintiff objects to this request that on the basis that such request, over broad and unduly burdensome, is not relevant to the subject matter of the litigation and is otherwise privileged pursuant to attorney-client privilege and attorney work product. Not notwithstanding plaintiff's objection, see Exhibit 1 and 2 annexed to the Plaintiff's Rule 26 disclosure.

6. N/A.
7. N/A.
8. N/A.
9. N/A.
10. N/A.
11. Plaintiff objects to request that he provide authorizations for medical records from prior physicians on the basis that such request, over broad and unduly burdensome, is designed to cause plaintiff embarrassment, is not relevant to the subject matter of the litigation and is otherwise privileged pursuant to doctor-patient privilege. Notwithstanding plaintiff's objection, see Exhibit 1.
12. See Exhibit 3.
13. N/A.
14. N/A.
15. N/A.
16. See Exhibit 4.
17. See Exhibit 5.

Dated: New York, New York  
September 4, 2008

Yours, etc.,

THE LAW OFFICE OF MICHAEL FINEMAN, ESQ.

By:



Michael Fineman, Esq. (MF0282)  
Attorney for Plaintiff,  
PETER PALATINI,  
305 Broadway, 7<sup>th</sup> Floor  
New York, New York 10007  
Tel: (212) 897-5823  
Fax: (212) 897-5824  
File No. 508/2007

**AFFIRMATION OF SERVICE**

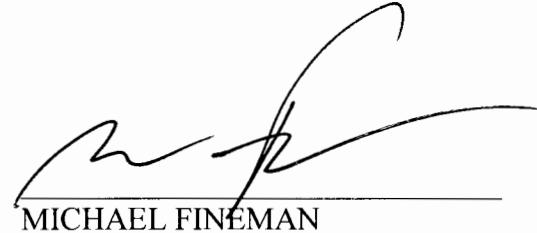
STATE OF NEW YORK      )  
                                  ) ss.:  
COUNTY OF NEW YORK    )

**MICHAEL FINEMAN**, an attorney admitted to the practice of law, being duly sworn, deposes and affirms that deponent is not a party to the within action, is over 18 years of age and resides in the State of New York, County of Kings.

That on the 5<sup>th</sup> day of September, 2008 deponent served the within **PLAINTIFF'S RESPONSE TO THE DEFENDANT'S FIRST SET OF INTERROGATORIES AND REQUESTS FOR PRODUCTION OF DOCUMENTS** upon:

Law Department  
City of New York  
Attn: Susan P. Scharfstein  
100 Church Street  
New York, NY 10007

The attorney(s) for the respective parties in this action, at the above address(es) designated by said attorney(s) for that purpose by depositing same enclosed in a postpaid properly addressed wrapper, in an official depository under the exclusive care and custody of the United States Post Office within the State of New York.



MICHAEL FINEMAN

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA**

[This form has been approved by the New York State Department of Health]

|   |                                   |  |
|---|-----------------------------------|--|
| Patient Name<br><b>Peter Palatini</b>                                 | Date of Birth<br><b>7/17/1951</b> | Social Security Number<br><b>148-44-3703</b> |
| Patient Address<br><b>2640 Pitkin Avenue, #2A, Brooklyn, NY 11208</b> |                                   |  |

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV\* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

**Brookdale University Hospital, One Brookdale Plaza, Brooklyn, NY 11212**

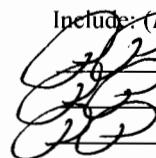
8. Name and address of person(s) or category of person to whom this information will be sent:

**Corporation Counsel, City of New York, 100 Church Street, New York, NY 10007**

9(a). Specific information to be released:

Medical Record from (insert date) 4/1/2007 to (insert date) 4/30/2007  
 Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.  
 Other: \_\_\_\_\_

Include: (Indicate by Initialing)

 **Alcohol/Drug Treatment** **Mental Health Information** **HIV-Related Information****Authorization to Discuss Health Information**

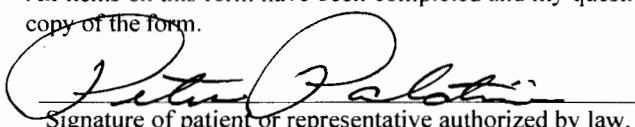
(b)  By initialing here \_\_\_\_\_ I authorize \_\_\_\_\_  
 Initials \_\_\_\_\_ Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

|   |   |
|---|---|
| 10. Reason for release of information:<br><input type="checkbox"/> At request of individual<br><input checked="" type="checkbox"/> Other: <b>Law Suit</b> | 11. Date or event on which this authorization will expire:<br><b>01/01/2010</b> |
| 12. If not the patient, name of person signing form:  | 13. Authority to sign on behalf of patient:                                     |

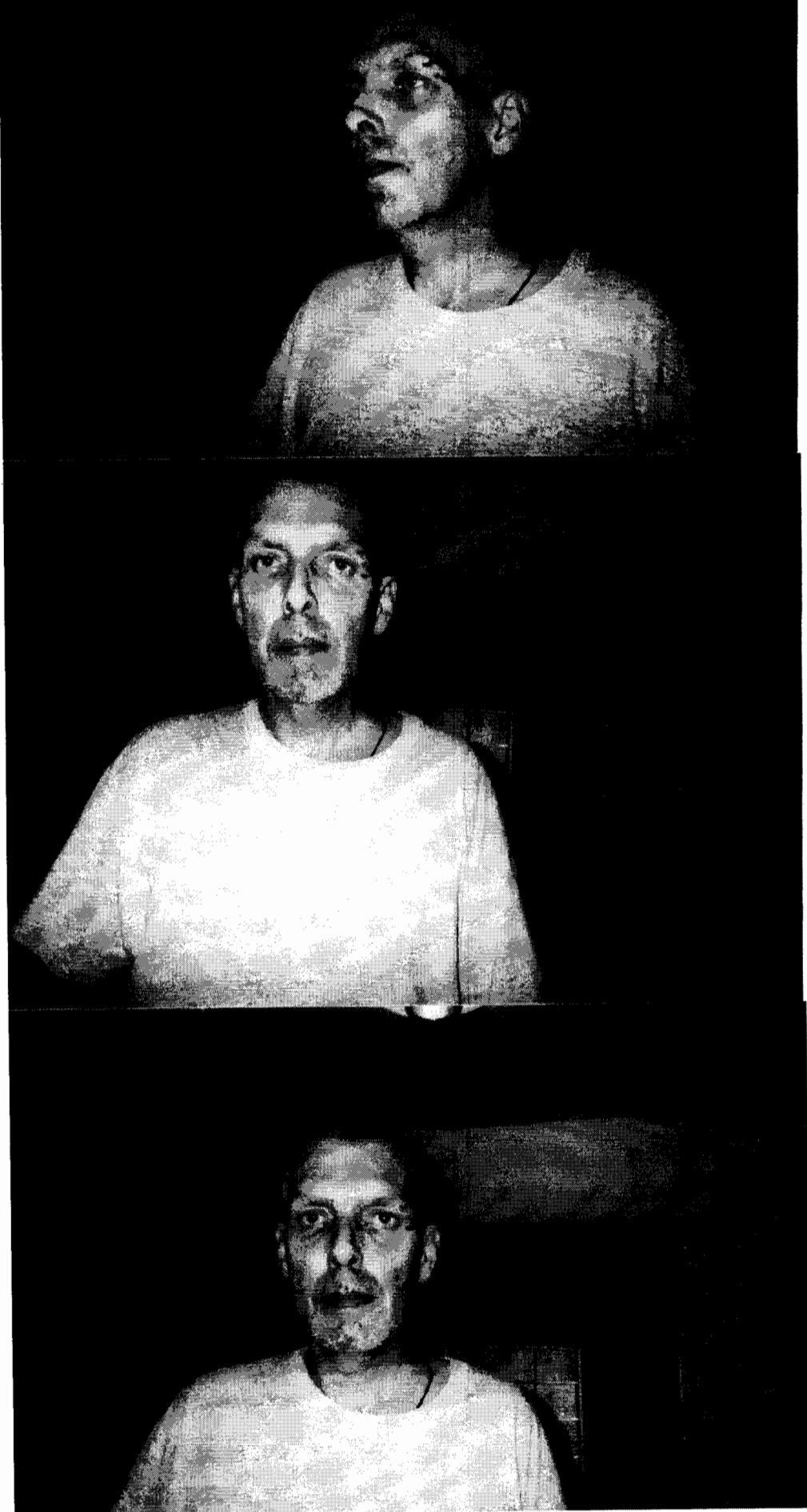
All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

  
Signature of patient or representative authorized by law.

Date: 8/19/08

**NOTARY PUBLIC**  
**MICHAEL FINEMAN**  
**REC. NO. 02P10108821**  
**COUNTY NEW YORK**  
**EXP. 07/09/2012**

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably identifies someone as having HIV symptoms or infection and information regarding a person's contacts.



UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

PETER PALATINI,

**AUTHORIZATION**

Plaintiff,

08CV3161 (MGC)

-against-

THE CITY OF NEW YORK, and POLICE OFFICER  
FRANK CHIODI Tax ID. No. 924057,

Defendants

TO: NEW YORK CITY POLICE DEPARTMENT

**YOU ARE HEREBY AUTHORIZED** to furnish to MICHAEL A. CARDOZO, Corporation Counsel of the City of New York, attorney for the defendant(s) in the above-captioned case, or to his authorized representative, copies of all records, created by, or in the possession of, the New York City Police Department for PETER PALATINI (Date of Birth: 7/11/51 SS #: 148-44-3703).

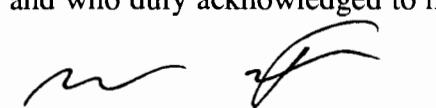
Dated: New York, New York  
Aug. 19, 2008



PETER PALATINI

STATE OF NEW YORK )  
: SS:  
COUNTY OF New York )

On the 19 day of August, 2008, before me personally came and appeared PETER PALATINI, to me known and known to me to be the individual described in and who executed the foregoing instrument, and who duly acknowledged to me that he executed the same.



\_\_\_\_\_  
NOTARY PUBLIC

NOTARY PUBLIC  
MICHAEL FINEMAN  
REG. NO. 02F16106621  
COUNTY NEW YORK  
EXP. 07/09/2012

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

PETER PALATINI,

Plaintiff,

**SOCIAL SECURITY  
DISABILITY  
RECORDS RELEASE**

-against-

THE CITY OF NEW YORK, and POLICE OFFICER  
FRANK CHIODI Tax ID. No. 924057,

08CV3161 (MGC)

Defendants

TO: DEPARTMENT OF SOCIAL SECURITY

**YOU ARE HEREBY AUTHORIZED** to furnish to MICHAEL A. CARDOZO, Corporation Counsel of the City of New York, attorney for the defendant(s) in the above-captioned case, or to his authorized representative, a CERTIFIED COPY of the entire file of PETER PALATINI (Date of Birth: 7/17/51; SS #: 148-44-3703 who received social security disability benefits from 1995 to Current

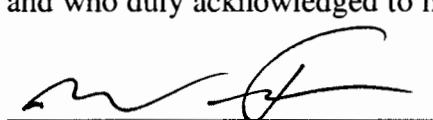
The social security file authorized for release includes, but is not limited to, any and all applications, determinations, correspondence, payments or credits made to such person.

Dated: New York, New York  
Aug. 19, 2008

  
PETER PALATINI

STATE OF NEW YORK )  
: SS:  
COUNTY OF New York )

On the 19 day of August, 2008, before me personally came and appeared PETER PALATINI, to me known and known to me to be the individual described in and who executed the foregoing instrument, and who duly acknowledged to me that he executed the same.

  
NOTARY PUBLIC

NOTARY PUBLIC  
MICHAEL FINEMAN  
REG. NO. 02F16106621  
COUNTY NEW YORK  
EXP. 07/09/2012

Social Security Administration  
Consent for Release of Information

TO: Social Security Administration

Peter Palatini

Name

7/17/1951

Date of Birth

148-44-3703

Social Security Number

I authorize the Social Security Administration to release information or records about me to:

NAME  
NYC Corp Counsel  
b  
\_\_\_\_\_  
\_\_\_\_\_ADDRESS  
100 Church St. New York, NY 10007  
\_\_\_\_\_  
\_\_\_\_\_

I want this information released because:

The above party is requesting it in connection  
to a Lawsuit

(There may be a charge for releasing information.)

Please release the following information:

Social Security Number  
 Identifying information (includes date and place of birth, parents' names)  
 Monthly Social Security benefit amount  
 Monthly Supplemental Security Income payment amount  
 Information about benefits/payments I received from

1995 to Current

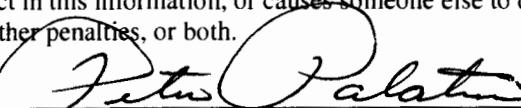
Information about my Medicare claim/coverage from 1995 to Current  
 (specify) \_\_\_\_\_

Medical Records  
 Records(s) from my file (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature:



(Show signatures, names, and addresses of two people if signed by mark.)

Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

Form SSA-3288 (3-2005) EF (3-2005)

NOTARY PUBLIC  
 MICHAEL FINEMAN  
 REG. NO. 02F16106621  
 COUNTY NEW YORK  
 EXP. 07/09/2012

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

PETER PALATINI,

Plaintiff,

**MEDICARE AND  
MEDICAID RECORDS  
RELEASE**

-against-

THE CITY OF NEW YORK, and POLICE OFFICER  
FRANK CHIODI Tax ID. No. 924057,

08CV3161 (MGC)

Defendants

TO: FOIA Service Center/FOIA Public Liaison  
Centers for Medicare & Medicaid Services  
26 Federal Plaza  
New York, NY 10278

**YOU ARE HEREBY AUTHORIZED** and I hereby request you to furnish to MICHAEL A. CARDOZO, Corporation Counsel of the City of New York, attorney for the defendant(s) in the above-captioned case, or to his authorized representative, a **CERTIFIED COPY** of the entire file of PETER PALATINI (Date of Birth: 7/17/51; SS #: 148-44-3703), who received Medicare and/or Medicaid (circle one or both) benefits from 1995 to Current.

The Medicare and Medicaid file authorized for release includes, but is not limited to, any and all applications, determinations, correspondence, payments or credits made to such person.

This Authorization will expire at the conclusion of the above-captioned litigation.

I understand that I have the right to revoke this authorization at any time. I must do so by writing to the same person(s) or class of persons that I directed this authorization to. The revocation will not apply to information that has already been released in response to this authorization.

I understand that my refusal to authorize disclosure of my personal medical information will have no effect on my enrollment, eligibility for benefits, or the amount Medicare pays for the health services I receive.

I understand that information disclosed pursuant to this authorization may be re-disclosed by the recipient and may no longer be protected by law.

Dated: New York, New York  
Aug. 19, 2008

  
PETER PALATINI

STATE OF NEW YORK )  
COUNTY OF New York ) : SS:  
)

On the 19 day of August, 2008, before me personally came and appeared PETER PALATINI, to me known and known to me to be the individual described in and who executed the foregoing instrument, and who duly acknowledged to me that he executed the same.

  
\_\_\_\_\_  
NOTARY PUBLIC

NOTARY PUBLIC  
MICHAEL FINEGAN  
REG. NO. 02F16106621  
COUNTY NEW YORK  
EXP. 07/09/2012

**AUTHORIZATION FOR RELEASE OF MEDICAID PROTECTED INFORMATION  
FROM THE NEW YORK STATE DEPARTMENT OF HEALTH, OFFICE OF MEDICAID MANAGEMENT TO  
A THIRD PARTY OTHER THAN A MEDICAID ENROLLEE/PATIENT**

Enrollee/Client Name: Peter Palatini Client Identification Number (CIN): YE87317V

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan, health care provider or clearinghouse, the released information may no longer be protected by federal privacy regulations, except that a enrollee/patient may be prohibited from redisclosing substance abuse information under the federal substance abuse confidentiality requirements. State law governs the release of HIV/AIDS information and you may request a list of persons authorized to re-release HIV/AIDS related information. Authorizations for the release of HIV/AIDS data must comply with the requirements of Article 27-F of the Public Health Law. Authorizations for the release of alcohol and substance abuse records must comply with the requirements of 42 C.F.R. part2.

Persons/organizations authorized to receive or use the information:

Name NYC Corp. Counsel  
Address 100 Church St. City New York State NY Zip 10007

Phone Number \_\_\_\_\_

1. Purpose of the use/disclosure: at parties request.
2. Will the person/program requesting the authorization receive financial or in-kind compensation in exchange for using or disclosing the health information described above? Yes        No ✓
3. I understand that my health care and the payments for my health care will not be affected if I do not sign this form except in some situations when information is needed for payment, enrollment, etc.
4. I understand, with few exceptions, that I may see and copy the information described on this form if I ask for it, and that I may get a copy of this form after I sign it.
5. I may revoke this authorization at any time by notifying the Department of Health in writing, but if I do it will not have any effect on any actions they took before they received the revocation.

This authorization will expire in 30 days of receipt in this office.

Peter Palatini

Signature of Medicaid Enrollee

Date 8/19/08

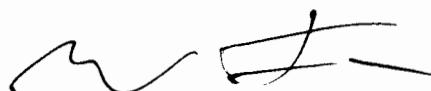
State of New York }

} ss..

County of New York }

On this 19 day of August, 2008 before me personally came and appeared Peter Palatini, to me known to be the individual described in, and who executed this Medicaid records authorization in my presence and duly acknowledged to me that (s)he executed the same.

Please return to  
Office Medicaid Management  
NYS Department of Health  
99 Washington Avenue Notary Public  
Suite 720  
Albany, NY 12210



Notary Public

authorization

NOTARY PUBLIC  
MICHAEL FINEMAN  
REG. NO. 02F16106621  
COUNTY NEW YORK  
EXP. 07/09/2012